

AO 453 (Rev. 04/11)					Administrative Office of the United States Courts Document Page 1 of 1		FOR COURT USE ONLY	
TRANSCRIPT ORDER							DUE DATE:	
1. NAME Carlos R. Rivera-Ortiz					2. PHONE NUMBER (787) 777-8888		3. DATE 12/20/2017	
4. MAILING ADDRESS PO Box 364148					5. CITY San Juan		6. STATE Puerto Rico	7. ZIP CODE 00936
8. CASE NUMBER 17-3283		9. JUDGE Laura Taylor Swain			DATES OF PROCEEDINGS			
					10. FROM 12/20/2017		11. TO 12/20/2017	
12. CASE NAME In re: Financial Oversight and Management Board (Commonwealth)					LOCATION OF PROCEEDINGS			
					13. CITY New York		14. STATE New York	
15. ORDER FOR								
<input type="checkbox"/> APPEAL			<input type="checkbox"/> CRIMINAL			<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input checked="" type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL			<input type="checkbox"/> CIVIL			<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)								
PORTIONS		DATE(S)		PORTION(S)		DATE(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)				
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)								
<input type="checkbox"/> OPENING STATEMENT (Defendant)								
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)				
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)								
<input type="checkbox"/> OPINION OF COURT								
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		Complete transcript 12/20/17		
<input type="checkbox"/> SENTENCING								
<input type="checkbox"/> BAIL HEARING								
17. ORDER								
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS		
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
HOURLY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>						
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00		
18. SIGNATURE /s/ Carlos R. Rivera-Ortiz				PROCESSED BY				
19. DATE 12/20/2017				PHONE NUMBER				
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS				
ORDER RECEIVED		DATE	BY					
DEPOSIT PAID				DEPOSIT PAID				
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00		
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00		

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